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November 23, 2004

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RECIPIENT/ PHONE NO.	FAX NO.	COMPANY/ CITY, STATE, COUNTRY
Centralized Fax Dept. GAU 665 Examiner Alpus Hsu	703.872.9306	U.S. Patent and Trademark Office Alexandria, VA 22313-1450

Brenda O. Holmes

18

FROM

PAGES (WITH COVER)

6559

44471/234029

REFERENCE NO

CLIENT/MATTER NO.

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**COMMENTS**

Applicant: Kazushige YONENAGA et al.  
 Title: Precoding Circuit and Precoding-Multiplexing Circuit For  
 Realizing Very High Transmission Rate In Optical Fiber  
 Communication  
 Serial No./Docket No.: 09/496,974 44471/234029  
 Filed: 02/02/2000

**PAPERS SUBMITTED:**

1. PTO/SB/21 - Transmittal form;
2. PTO/SB/17 - Fee Transmittal for FY2006 with authorization to charge deposit account;
3. Petition for Extension of Time (3 months); and
4. Second Response in application to non-final Office Action of 05/26/2004.

Date: November 23, 2004  
 By: Brenda O. Holmes, Reg. No. 40,339

**TO BE COMPLETED BY KS OPERATIONS CENTER****TRANSMISSION RECEIPT DATE/TIME:** \_\_\_\_\_**COMPLETED BY:** \_\_\_\_\_**JOB CODE** *64643*

PTO/SB/21 (09-04)

Approved for use through 07/31/2005. GMB 0551-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 09/496,974

Filing Date 02/02/2000

First Named Inventor Kazushige YONENAGA et al.

Art Unit 2665

Examiner Name Alpus HSU

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NOV 23 2004

Attorney Docket Number 44471/234029

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

KILPATRICK STOCKTON LLP

Signature

*Brenda O. Holmes*

Printed name

Brenda O. Holmes

Date

11-23-2004

Reg. No.

40,339

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO's Centralized Facsimile Number (703) 672.9306 on the date shown below.

Signature

*Janie Wilkins*

Date

11/23/04

Typed or printed name

Janie Wilkins

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 980)

## Complete if Known

Application Number	09/496,974
Filing Date	02/20/2000
First Named Inventor	Kazushige YONENAGA et al.
Examiner Name	Alpus HSU
Art Unit	2665
Attorney Docket No.	44471/234029

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None  
 Deposit Account:

11-0855

Deposit Account Name  
KILPATRICK STOCKTON LLP

The Director is authorized to: (check all that apply)

 Charge fees(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
 

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Fee	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)	Code (\$)	Code (\$)		
1001 790	2001 395			Utility filing fee	
1002 350	2002 175			Design filing fee	
1003 550	2003 275			Plant filing fee	
1004 790	2004 395			Reissue filing fee	
1005 160	2005 80			Provisional filing fee	
<b>SUBTOTAL (1) (\$)</b>					

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
22	23	0	18
Independent Claims	4	0	88
Multiple Dependent			

Large Entity	Small Entity	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)	Code (\$)	Code (\$)		
1202 18	2202 9			Claims in excess of 20	
1201 88	2201 44			Independent claims in excess of 3	
1203 300	2203 150			Multiple dependent claim, if not paid	
1204 88	2204 44			** Reissue independent claims over original patent	
1205 18	2205 9			** Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2) (\$)</b>					

\*or number previously paid, if greater. For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)		
1051 130	2051 65				Surcharge - late filing fee or oath	
1052 50	2052 25				Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130				Non-English specification	
1812 2,520	1812 2,520				For filing a request for ex parte reexamination	
1804 920*	1804 920*				Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*				Requesting publication of SIR after Examiner action	
1251 110	2251 55				Extension for reply within first month	
1252 430	2252 215				Extension for reply within second month	
1253 980	2253 490				Extension for reply within third month	980
1254 1,530	2254 765				Extension for reply within fourth month	
1255 2,080	2255 1,040				Extension for reply within fifth month	
1401 340	2401 170				Notice of Appeal	
1402 340	2402 170				Filing a brief in support of an appeal	
1403 300	2403 150				Request for oral hearing	
1451 1,510	1451 1,510				Petition to institute a public use proceeding	
1452 110	2452 55				Petition to revive - unavoidable	
1453 1,330	2453 685				Petition to revive - unintentional	
1501 1,370	2501 685				Utility issue fee (or reissue)	
1502 490	2502 245				Design issue fee	
1503 880	2503 330				Plant issue fee	
1460 130	1460 130				Petitions to the Commissioner	
1607 50	1807 50				Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180				Submission of Information Disclosure Stmt	
8021 40	8021 40				Recording each patent assignment per property (times number of properties)	
1809 790	2809 385				Filing a submission after final rejection (37 CFR 1.129(e))	
1810 790	2810 395				For each additional invention to be examined (37 CFR 1.129(g))	
1801 790	2801 395				Request for Continued Examination (RCE)	
1802 900	1802 900				Request for expedited examination of a design application	
Other fee (specify)						
Reduced by Basic Filing Fee Paid						
<b>SUBTOTAL (3) (\$)</b>						880

(Complete if applicable)

Name (Print/Type)	Brenda O. Holmes	Registration No. (Attorney/Agent)	40,339	Telephone	404.815.6500
Signature	Brenda O. Holmes			Date	11-23-2004

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